



# OKLAHOMA ABSTRACTORS BOARD

## *APPLICATION CHECKLIST*

### Application for Renewal of Permit to Develop an Abstract Plant

**NOTICE:** Applicants are advised to carefully read and understand the Oklahoma Abstractors Act, Title 1 of the Oklahoma Statutes, and the Oklahoma Administrative Code: Rules and Regulations governing the Oklahoma Abstractors Board, Title 5.

**WARNING:** False statements on your application or accompanying documents, and/or non-compliance with the above rules, regulations and/or statutes are cause for revocation of your Permit and/or fines and penalties under the Rules.

In order to process your application, **every item on this checklist must be included and completed.** **WARNING:** Failure to comply with all requirements listed below could result in a delay of your Application.

- ( ) **Completed Application.** Did you complete every question on the application form?
- ( ) **Signed and Notarized.** Is your application appropriately signed and notarized?
- ( ) **Application Fee.** Did you enclose the proper fee amount for your Application for Permit?
- ( ) **OAB Rule 5:11-3-4. Application fees for permits, certificates of authority, and renewals .** For each calendar year a separate application and fee shall be submitted for each certificate of authority, permit, and renewal for each county in which the applicant desires to do business. The most recent census may be found on this website under “Forms” for the current population count. The fee shall be as follows:
  - (1) County Population of less than 10,000 - \$400.00
  - (2) County Population of 10,000 but less than 30,000 - \$800.00
  - (3) County Population of 30,000 but less than 60,000 - \$1,200.00
  - (4) County Population of 60,000 but less than 100,000 - \$1,600.00
  - (5) County Population of 100,000 but less than 200,000 - \$2,400.00
  - (6) County Population of 200,000 or more - \$3,200.00
- ( ) **Proper Signature(s) and Payee** Is your check properly signed? Is the payee shown as “Oklahoma Abstractors Board?”
- ( ) **Company Principles List.** Did you include a list of all major (at least 10%) owners, stockholders, corporate officers and directors? If not incorporated, you must provide all company owners, officers and/or partners. The list must include the name, mailing address, e-mail address, percentage of stock, assets and shares owned by each, and phone numbers of each person listed. If you are incorporated, you must provide the name of an agent for service in the State of Oklahoma.
- ( ) **Surety Bond.** A County Records Bond, based on the population of your county, must be provided pursuant to Title 1, Section 27(C).
  - (1) County Population of less than 30,000 - \$15,000.00
  - (2) County Population of 30,000 but less than 60,000 - \$25,000.00
  - (3) County Population of 60,000 but less than 100,000 - \$50,000.00
  - (4) County Population of 100,000 or more - \$100,000.00

You may obtain a bond form from the OAB that prescribes all of the required language. If you wish to use a different bond form, our office must approve same in advance.

( ) **OESC Quarterly Report.** Did you enclose a copy of your most recent Oklahoma Employment Security Commission Quarterly Employee Contribution Report? You may mask out payroll amounts – you are only required to show the listing of all company employees and the last four numbers of their Social Security number. Beginning January 1, 2011, the Oklahoma Employment Security Commission will require filing of Form OES-3 (Oklahoma Employers Quarterly Contribution Report) online. This information should be printed and sent in with your application.

( ) **Abstractor License Compliance.** The Rules and Regulations of the Oklahoma Abstractors Board provide:

**OAB Rule 5:11-3-1. Who must hold abstract license**

(a) Any person in the employ of a holder of a certificate of authority or permit, or a holder of a certificate of authority who is an individual actively engaged in the process of preparing abstracts, or the holder of a permit who is an individual actively engaged in the construction of an abstract plant, shall be required to have an individual abstract license.

(b) Any person who is employed by a holder of a permit or certificate of authority whose sole function is limited to reviewing documents to determine the type of instrument, date, parties, recording information and legal description, and entering such information into a manual or computer indexing system shall not be required to hold an abstract license. Such activity shall be conducted under the supervision of a licensed abstractor. Prior to the final entry of such documents to the abstract plant, a licensed abstractor must review, verify and accept such entries as final on behalf of the holder of the permit or certificate of authority. Any matter entered into the indexing system by an unlicensed person without proper licensed supervision may be deemed a violation of this Act.

(c) The holder of a certificate of authority or permit shall provide the Board with a list of the names of licensed and unlicensed employees in such form as directed by the Board.

**5:11-7-2. Renewal of permit to develop abstract plant**

A permit holder must actively pursue construction of the abstract plant. Failure to do so may result in revocation of permit or non-renewal by the board.



## OKLAHOMA ABSTRACTORS BOARD

421 NW 13<sup>th</sup> Street, Suite 180  
Oklahoma City, OK 73103  
Phone: (405) 522-5019  
Fax: (405) 522-5503

### APPLICATION FOR RENEWAL OF PERMIT TO DEVELOP ABSTRACT PLANT

*All information submitted will be a matter of public record.*

All questions must be answered completely. Send application fee and county records bond with this application. Make check payable to **Oklahoma Abstractors Board**. **You must have a county records bond in each county that you are doing business.**

All permits expire annually. A permit holder who has not completed development of an abstract plant at any time the permit expires may apply for renewal of the permit. Applications for renewal must be made thirty (30) days prior to the scheduled expiration of the original permit and shall be accompanied by the renewal fee. Permit holder shall comply with provisions of the Oklahoma Abstractors Act to obtain a certificate of authority after completion of the abstract plant. If the renewal application is not in the OAB office at least 30 days prior to expiration, it shall be subject to a fine and may be denied due to insufficient time for processing prior to the Board meeting.

The undersigned applicant understands that the permit requested herein is only for the county set forth below and the permit holder is totally responsible to make his own arrangements with the applicable county officials to photocopy, reproduce, or copy the instruments and records in the various county offices so as not to distract, disrupt, or interfere with the daily operation of that county office.

In compliance with the Oklahoma Abstractors Act, I hereby make application for Permit and make the following statements under oath:

#### 1. Legal Name of Business \_\_\_\_\_

Type of Business: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other \_\_\_\_\_

Business Street Address \_\_\_\_\_

Street

City

State

Zip

Mailing Address \_\_\_\_\_

Street

City

State

Zip

E-mail Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Company TIN (if entity) or SSN (individual) \_\_\_\_\_

NOTE: IF CORPORATION, LIST NAMES AND ADDRESSES OF OFFICERS, PRINCIPAL STOCKHOLDERS AND DIRECTORS. IF PARTNERSHIP, LIST NAMES AND ADDRESSES OF ALL PARTNERS. (Attach as Exhibit)

2. Owner(s) Name \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone (\_\_\_\_) \_\_\_\_\_  
Street City State Zip

3. Mailing address, if different: \_\_\_\_\_  
Street City State Zip

4. State in which you are an actual resident: \_\_\_\_\_

5. County in which you applied for Permit: \_\_\_\_\_

6. Population of said county: \_\_\_\_\_ (From the most recent Federal census)

7. What county or counties have you held a Permit: \_\_\_\_\_

How many years? \_\_\_\_\_ Was Certificate ever revoked? \_\_\_\_\_ If so, when? \_\_\_\_\_

8. Have you or any principal been convicted of or pleaded guilty or nolo contendere to a felony or crime of moral turpitude in this state, another state, or a federal court, or are any charges pending? [ ] Yes [ ] No. If answer is Yes, give complete details:

\_\_\_\_\_

\_\_\_\_\_

9. Are there any unpaid court judgments or liens against you at this time? If so, give location of court, case numbers, dates and amounts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Have you ever filed a Petition for Voluntary Bankruptcy, or has an Involuntary Petition for Bankruptcy ever been filed against you? \_\_\_\_ Yes \_\_\_\_ No If so, please give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Names and addresses of licensed abstractors in your employ that will be assisting in building this abstract plant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. List names, addresses and phone numbers of three references:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. List bank references – Name of financial institution, bank office, address and phone number:

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Effective: April 1, 2013

14. Have you hired or used an outside firm or individual (third party vendor) to assist you in any way in developing your plant? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, the name, address and phone number of firm: \_\_\_\_\_

If yes, describe the way or manner in which they are or will be assisting you: \_\_\_\_\_

I have carefully read the Oklahoma Abstractors Act, as amended, governing said abstractors. I agree that I will conform to the law and regulations. I further give consent to the completion of a background check by an accredited company and the Oklahoma Tax Commission, as required by law. I certify that all answers given in this application are factual and true to the best of my knowledge and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant (Signature and Title)

\_\_\_\_\_  
Printed Name

STATE OF OKLAHOMA        )  
  ) SS:  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

***NOTE: FALSE STATEMENT IN THIS APPLICATION IS CAUSE FOR REVOCATION OF LICENSE***

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To be used by Oklahoma Abstractors Board only

- |   |  |
|---|--|
| 1. Proper Bond  | [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No |
| 2. Proper Application Fee   | [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No |
| 3. Principles   | [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No |
| 4. OESC Quarterly Report  | [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No |
| 5. Licensee Compliance Report   | [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No |
| 6. Is applicant substantially compliance with checklist for building a plant? | [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No |

Remarks and questions: \_\_\_\_\_

Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

# OAB SCHEDULE OF CERTIFICATE HOLDERS

COMPANY NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_

DATE: \_\_\_\_\_

Please choose one of the sections (1-4) which best details your company and mark the box left of that section and then fill out all of the boxes in that section. Mark "N/A" if not applicable.

## ☐ 1. SOLE PROPRIETORSHIP

Please fill in the information below for each owner. Do not leave empty boxes, use "N/A" if not applicable.

NAME OF OWNER(S)	% OF STOCK / % OF ASSETS / # SHARES	EMAIL ADDRESS	MAILING ADDRESS	PHONE NUMBER	
	% / % /				
	% / % /				

## ☐ 2. PARTNERSHIP ☐ GENERAL ☐ LIMITED ☐ LIMITED LIABILITY

Please fill in the information below for each partner. Add a separate sheet if more space is needed. Attach a copy of the partnership papers that are applicable to the type of partnership.

NAME OF PARTNER(S)	% OF STOCK / % OF ASSETS / # SHARES	EMAIL ADDRESS	MAILING ADDRESS	PHONE NUMBER	TYPE OF PARTNER
	% / % /				
	% / % /				
	% / % /				

## ☐ 3. CORPORATION ☐ S – CORPORATION ☐ C - CORPORATION

Please fill in the information below for each Officer and Director. Add a separate sheet if more space is needed. Please attach a copy of the Articles of Incorporation.

Name of Agent for Service of Process: \_\_\_\_\_ Address where service is accepted: \_\_\_\_\_

NAME OF OFFICER(S)	% OF STOCK / % OF ASSETS / # SHARES	EMAIL ADDRESS	MAILING ADDRESS	PHONE NUMBER	TITLE
	% / % /				
	% / % /				
	% / % /				
NAME OF DIRECTOR(S)	% OF STOCK / % OF ASSETS / # SHARES	EMAIL ADDRESS	MAILING ADDRESS	PHONE NUMBER	TITLE
	% / % /				
	% / % /				
	% / % /				

## ☐ 4. LIMITED LIABILITY COMPANY

Please fill in the information below for each Manager / Member. Add a separate sheet if more space is needed. Please attach a copy of the LLC papers appointing the Managers / Members.

Name of Agent for Service of Process: \_\_\_\_\_ Address where service is accepted: \_\_\_\_\_

NAME OF MANAGER(S) / MEMBER(S)	% OF STOCK / % OF ASSETS / # SHARES	EMAIL ADDRESS	MAILING ADDRESS	PHONE NUMBER	MANAGER OR MEMBER?
	% / % /				
	% / % /				
	% / % /				

